



Medical School Hotline

The Student Development Program: Facilitating Student Success at the John A. Burns School of Medicine

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A goal of the John A. Burns School of Medicine (JABSOM) is to create a program that proactively identifies students' needs and problems in the academic, behavioral, and affective domains. It will provide the appropriate interventions and environment to enhance success, and encourages the collaboration of student affairs personnel, faculty, staff, and students. This provided the impetus for the creation and implementation of a Student Development Program in the Office of Student Affairs, focusing on the incoming class of 2002.

A Student Development Program will take into account the "development of the whole person"—psychosocial, cognitive-structural, and typological concerns, encourages learning and student growth, fosters multi-cultural awareness, provides support and builds interdependence and collaboration among the involved parties, and examines environmental factors that influence and facilitate students' successful graduation from medical school. (Evans et.al, 1998, p. 4, 10-12). It is critical that the Program addresses the varying learning styles and backgrounds of its students since the population of the medical school is culturally diverse. This Program is still in the initial stages of development. Its paradigm was based upon the model of the successful Imi Ho'ola Post-Baccalaureate Program at JABSOM, which integrates assessment, academic and psychosocial support and enrichment, skills development, multi-cultural awareness, and feedback (Judd and Tim Sing, 2001, p. 448). The Student Development Program will be challenged by three major goals.

The main goal is to identify potentially high-risk students, to provide educational intervention, skills development, personal support, monitoring, feedback, and to facilitate their matriculation into and retention in medical school. Beginning in 2002, all students were administered three assessment tools: the Myer's Briggs Type Indicator (MBTI), the Nelson-Denny Reading Test, and the Learning and Study Strategies Inventory (LASSI).

These assessment tools will provide information on how students learn, make decisions, process information, cope with change, and deal with conflicts, whether students are aware of and apply appropriate and effective learning strategies, and will measure the level of their reading competency. The MBTI identifies an individual's natural preferences as how one relates to the world, takes in information, makes decisions, and the type of lifestyle one adopts. The Nelson-Denny Reading Test measures reading ability in the areas of comprehension and vocabulary and also provides a reading

rate for diagnostic and remediation purposes. Finally, the LASSI measures students' use of learning and study strategies and methods. It focuses on both the covert and overt thoughts and behaviors related to successful learning, which can be altered through educational interventions. The test results will also assist in the identification of potentially high-risk students for whom an individualized educational plan needed to be created and shared.

Should the results indicate that a large number of students require skills development in specific areas, group sessions will be conducted in consultation with the Office of Medical Education. In addition, a matriculation questionnaire that provides information on students' living and study environments, support systems, and history of learning difficulties were elicited through open-ended questions to determine whether any of these factors might impact negatively on their academic performance.

The second goal will be to provide services to currently enrolled students who have experienced academic difficulties and are referred by the Student Standing and Promotion Committee, the Evaluation, Review and Remediation Committee, or the Associate Dean for Student Affairs. All students experiencing any type of academic difficulty, whether it be failure of Step I of the United States Medical Licensing Examination (USMLE) or a unit or clerkship exam, will be referred to the Associate Dean for Student Affairs and the learning specialist for remediation and academic counseling.

The third goal will be to establish a clearinghouse for referral to other programs and resources on and off-campus that would assist students in their remediation and development. For example, if a learning disability is suspected, students will be referred for educational testing in collaboration with the KOKUA Program, a program on the University of Hawaii at Manoa campus that services all students with a physical or learning disability. Personal counseling will also be available. Additional referrals may be made to the Counseling and Student Development Center or the Department of Psychiatry, if necessary.

Finally, critical to the success and implementation of this Program will be the commitment of the entire medical school to its principles, the allocation of resources, and the collaboration of key individuals who will work as a team to provide support to these students (e.g., Associate Dean for Student Affairs, learning specialist, tutor, advisor, curriculum directors). When appropriate, all parties will be apprised of the academic status of each student at any point in their remediation plan. Timely feedback, open lines of communication, and intervention will be crucial.

The success of the Program's efforts will ultimately be measured by the decrease in the number of students in academic jeopardy. It is anticipated that the Program will have a positive impact on the quality of medical education and student retention at JABSOM.

References

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